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## ORIGINAL DEPARTMENT.

### LECTURE.

#### ECZEMA, WITH SOME SPECIAL REMARKS UPON THE LOCAL TREATMENT.

Delivered at the Pennsylvania Dispensary for Skin Diseases, by J. V. SHOEMAKER, A.M., M.D.

REPORTED BY RUFUS K. HINTON, M.D.

GENTLEMEN:—This patient, Mr. W., married, forty-two years of age, has been suffering for some months with eczema of the left leg. The disease extends from the patella down the limb, covering its entire extent as far as the metatarso-phalangeal articulation. It is one of the most common and obstinate affections of the skin, and it is highly important to have a thorough and careful understanding of it. Statistics compiled by Wilson and Anderson show that in 21,000 eruptions of various kinds 5879 cases were of eczema. It is said to be more frequent in the male sex. In 6000 cases under the care of Hebra, 4000 were in males. Some months since this patient was run over by a wagon, and sustained a fracture of the lower third of the tibia, and eczema has resulted, either from the injury or the application of remedies to the broken limb. Eczema may likewise be caused by pressure of clothing, coverings of the feet, frictions with medicated substances, or anything that irritates the skin. It may be due to some constitutional disease, and among many of its causes may be mentioned general debility, chilling of the surface of the body, gout, dyspepsia, deficient kidney action, morbid products in the blood; in fact,

any internal derangement may give rise to it. Our patient is large, vigorous, and entirely free from any constitutional causes I have named. It is, then, clearly traceable to the injury of the tibia, as it is from this date that the disease made its appearance. Eczema most frequently appears upon the surface of the skin in the form of small vesicles; these burst, and result in a catarrhal discharge. This fluid has the power of stiffening linen when absorbed in its meshes. Fox states that this disease begins primarily by the development of vesicles. He adds that in the majority of patients the physician's attention is called to the cases after the vesicles have ruptured, which accounts for so many failing to find the primary condition of vesication. If each member of the class will pass around and look upon the outer extremity of the limb with this lens, here and there you can see well-marked vesicles. The patient says the limb weeps every day. Each day new vesicles are formed, and in their turn they burst, causing this moisture of the parts that he so aptly terms weeping of the limb.

The common seats of this trouble are the scalp, face, legs, arm-pits and forearm. It presents a different appearance in each of these situations. Here, as in almost all cases where it involves the limbs, the surface is of a livid color, and is covered with scales and crusts. On entering the room to-day, I found the patient with an old piece of muslin, trying to rub from the surface of the limb these scales. During this manoeuvre, he kept groaning and distorting his face in all shapes. Looking up suddenly he said, "Oh! Doctor, it burns like coals of fire every time I rub off the dirt." The

rubbing of this inflamed surface is just what the patient should avoid. But in almost all the cases that present themselves for treatment, in both dispensary and private practice, they resort to this rubbing, to keep the parts clean. The result is, that the inflamed surface that is endeavoring to heal by nature's process is constantly interfered with. The horny and mucous layer of the epidermis, that acts as the external covering, is thus constantly scraped off, exposing the bleeding vessels in the papillæ. Can nature heal a surface where her products that must act as a covering are continually carried off from the surface where they belong? This local sensation of heat, or burning in the part, is only present when the patient rubs the limb. On the other hand, the itching is constant and very severe; at times he will scratch and tear the limb half the night, causing these linear abrasions over its surface. The changes in the skin vary, according to the duration of the disease. In the acute stage, the papillæ of the derma becomes enlarged by an infiltration of serum and cells into it. Spindle-shaped cells are formed, extending from the papillæ into the mucous layer. These cells are often arranged in the form of meshes, containing in their interior swollen epithelial scales. This infiltration in the papillæ gives rise to papules. When the exudation in the papillæ is present in a large quantity, it finds its way to the mucous layer, elevating the horny layer of the epidermis in the form of a bleb or blister. These vesicles thus formed are quite small, generally about the size of a pin's head, and are closely packed together. They exist unbroken a very short space of time. The epidermis, either from the pressure of the garments or the exuded serum, rupture, giving exit to a colorless fluid. This exudation by evaporation, dries into yellowish crusts or scales. The horny layer of the epidermis is thus constantly shed, depriving the skin of one of its essential coverings.

No error should occur in diagnosing ordinary eczema. The acute form may sometimes be mistaken for one of the eruptive fevers, in consequence of the pyrexia that sometimes accompanies it. All doubt quickly disappears as the vesicles rapidly show themselves. The eruption in eczema is out of all proportion as regards the fever. It is of especial importance that you learn to distinguish between this case and

psoriasis. The history of this characteristic discharge is the essential guide. In psoriasis the scales are epithelial, and occur as the primary form of the disease; no moist or weeping surface is present. In eczema the scales are only partially epithelial, and the crusts are the result of inflammatory products. In psoriasis the disease especially involves the elbows and knees. In this case the patches of scales and crusts have a gray and yellowish appearance, while in psoriasis they are silvery white; you have again and again, while examining patients suffering from psoriasis, in this room, seen the silvery white scales lifted from the skin, revealing a bleeding derma beneath it. Pityriasis rubra is distinguished from this case by the whole surface of the body being generally involved. There is no discharge, as in this patient's condition. The skin in pityriasis rubra is red and covered with branny scales, easily detached.

The second case, involving this woman's right limb, is similar, in many respects, to the one I have fully described. The patient is about sixty years of age, and is in very feeble health. She is anemic and greatly debilitated. The leg is large, swollen, and the seat of angry inflammation. As she turns the limb you can see a number of livid spots over the surface, large crusts and scales, of a yellowish color, adhere, in quantity, over the entire limb. You can see this patient has the same desire to pick off these scales, and rub the surface, that was observed in our last case. And the evil effects here are even more apparent than in the last patient. All the spots that have been picked and rubbed present a raw and irritable appearance. She has been afflicted four years, and states that it began as a small spot near the ankle, from wearing tight shoes. An open sore soon followed, and she thinks that it spread until it involved the entire leg. The great debility of the patient's system had lowered the resistant power of the body, and the irritation by the pressure of the shoes had quickly excited this condition. For more than two years the clothes wrapped around the parts were constantly wet from the discharge, and she says, positively, that on the outer side of the limb she had frequently observed small blisters. It has passed from the acute stage, with the catarrhal discharge, to the chronic variety that is now present. The limb is huge and shapeless, in comparison to this left one,

that is in a healthy state. The changes in the skin are decidedly more marked than in the first case. The skin over some portions of the limb is raw and red; other parts are cracked and covered with crusts. On the anterior part of the limb, where the parts have been scraped by rubbing, it looks glazed and shining, in addition to being very red. The patient complains that the parts are hot, tender, and very painful. The older the eczema, the greater the change in the skin. The papillæ become enormously enlarged, and on this limb, in several places, are visible to the eye. The cell infiltration also becomes more marked, extending into the panniculus adiposus. Knowing that these changes have taken place in this case, it is not at all difficult to account for this obstinate case of eczema.

Scabies, or itch, frequently co-exists with eczema. In such patients how can you make out your diagnosis. The history of the case will be an important guide. Several members of the same family are frequently attacked by scabies. If scabies is present, you will often see the remains of furrows. In addition, the itching is worse at night, and becomes intensified when the body is heated. Finally, if scabies is present, by placing the crusts under the microscope, the ova or itch mite can be detected.

The third patient, Mr. H., married, fifty two years of age, has been working as a puddler, in the neighboring State of New Jersey. Fifteen months since, while at his usual work of carrying boiling metal, he slipped, fell, and spilled the molten mass over the entire left limb. As I uncover the parts you can see the surface involved. It is both red and raw upon the posterior portion of the limb, while on the anterior part and dorsum of the foot a number of small vesicles are distinctly seen on the edges of the inflamed and shining skin. The parts itch and burn intensely, so that now the patient can hardly keep from scratching the surface. These linear abrasions are produced by scratching.

Burns may be caused by the sun's rays, fire, heated metals, chemicals, etc. Molten metals are decidedly the most destructive agents. It is more dangerous when the clothing is burned on the body, and not removed quickly, than when a flame is brought in contact with the bare portion of the skin. A large surface of the body involved is very dangerous.

Delicate and weak persons cannot stand the effect of a burn like such a vigorous individual as our patient.

The German writers divide burns into three degrees. In the first degree the temperature is 99.5° Fahr., and produces hyperæmia of the skin. In the second degree, the temperature varies from 167° to 212° Fahr. Exudation takes place, and the epidermis is elevated in the form of blebs or blisters. These vesicles rupture, and are replaced by others in from 8 to 14 days. In the third degree, the temperature is over 212° Fahr. The skin, by this high temperature, is either partially or totally destroyed. As a result of burns of the second degree, eczema generally supervenes. Eczema has followed in this patient. A burn like this brings about the same changes in the skin that I have previously enumerated.

In treating these cases recollect that there is not only an alteration in the superficial, but also in the deep portions of the skin. The cellular tissue in the deep layer is increased, the papillæ are enlarged, and the blood vessels are dilated. The blood is backed up in the vessels, giving rise to congestion and effusion of serum in the tissues. The blood has been unable to circulate, and has become devitalized. The tension of the parts must be relieved, and it can easily be accomplished by depleting the surface of the skin with the needle knife. I take the first case and pass the needle-knife quickly and rapidly over the surface of the limb. A black blood, having almost the appearance of tar, comes, in points, slowly to the surface. It is followed over some portions of the limb by the escape of serum. This blood is devitalized, it acts as a foreign substance, it causes the congestion and tension of the parts. I resort to this same procedure in the second, and also in the last patient; you can see in them all that the principle is the same. It relieves this congestion and awakens the action of the absorbent vessels. This antiphlogistic application of the needle-knife should be repeated in three or four days, and so continued until you have relieved the local congestion. These patients must discontinue rubbing the limbs to keep them clean. For as fast as nature supplies this outer envelop, the horny layer of the epidermis, they scrape it off, and never give it an opportunity of healing. Soft water should be applied every day to the parts, as it is the best of all local remedies. Hard water is irritating to an inflamed

surface, and may be softened by boiling, or the addition of flour. The water should be brought in contact with the limbs by pouring it over them from some vessel, or by dipping an old piece of linen in water, and then mopping the surface. A piece of dry linen can then be pressed down upon the limb until the skin is clean and dry. But never allow your patient to rub the skin, and so scrape off these vital cells of the horny layer of the epidermis. I have used in the dispensary, as a local application, with marked success in a number of cases, crude petroleum. It fulfills two essential indications, cheapness and a soothing application to the parts. Immediately after applying it great relief is experienced, the hot and burning surface has a cool and pleasant sensation. Each one of these patients should apply to the limbs crude petroleum several times during the day. Arsenic is prescribed entirely too often in eczema. It will frequently break down the patient's health, and so increase the disease. It is not indicated in these cases, and would absolutely do harm.

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### COMMUNICATIONS.

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#### SCIATICA—WITH THE HISTORY OF A CASE, AND TREATMENT.

Read before the Orange County Medical Society of New York, at its semi-annual session, held October 2d, 1877.

BY J. H. THOMPSON, M. D.,  
Of Goshen, New York.

There is nothing we know so thoroughly well as that which we learn by experience. Its teachings are always positive and practical. If properly heeded, its lessons are fraught with pre-eminent usefulness. It is an exemplification of the highest wisdom to profit by its happenings, as it is an exhibition of equal folly to disregard its voice of instruction.

In no department of useful knowledge is experience so valuable and important, perhaps, as in practical medicine. It is a matter which has to do with human life and happiness, and so concerns the most vital interests of our physical and social well being. Upon nothing does the progress and perfection of medical science so much depend as upon a careful, assiduous and zealous observation of the phenomena of disease and the best means of its

successful arrest; as attention on the part of the practitioners of the healing art to the minutest details of their every day experience. All, indeed, of dignity as a science which medicine may justly lay claim to, is based upon, and is the product of, the accumulated experience of its disciples. The record of this acquisition serves the only available resource for our intelligent exercise of the profession, the grave responsibilities of which we essay to practice. Assuming, therefore, the truth of the essential value of practical knowledge to successful advancement in medical science, it needs no argument to enforce upon any mind imbued with a right sense of moral obligation, and appreciative of the authoritative behests of our high vocation, the duty of every one of its votaries to contribute of the results of his professional knowledge, acquired by daily observation and experience, all the information of which he is capable, for the instruction and advantage of the whole fraternity, to the fullest possible extent; and thus endeavor to subserve, not only the highest usefulness of the profession at large, but to promote, as a necessary sequence of such effort, the best welfare and supreme blessedness of our common humanity.

In obedience to the sentiment which I have thus briefly expressed, and which embodies, I believe, the true principle of duty which should govern the conduct of medical men in their relations to the profession, I avail myself of the present opportunity to present to the society the report of a case of disease which I have recently personally suffered, and on account of which I sought advice of members of the society at the annual meeting in June last, in the hope that such narrative may prove serviceable to those of my confreres who may, perchance, encounter a like malady in practice, especially as to their success in treatment.

The disease in question, of which I was the unfortunate victim, expressed in a single word, was sciatica. Its date of attack was the 20th of February of the present year; consequently it had had a progress of three months and a half's duration, when brought to the society's notice. The violent seizure—to trace the course of the malady from the beginning—I will observe, was preceded some three weeks by that character of rheumatism commonly denominated lumbago. Although at times considerably distressing, it was suffered to exist without any resort to special medication

efficient of cure, during its entire progress, the hope being entertained that it would evacuate reasonably soon, without active means of removal. While suffering from this difficulty, I was called to attend a parturient patient, on a cold night, and in a domicil insufficiently warmed. The labor in the case proving to be tedious, I was able to obtain only a few hours repose, and that after my return home the ensuing morning. In this obstetrical experience, incident to the vicissitudes of the occasion, there occurred a greatly increased aggravation of the existing lumbagial trouble. At any rate, following the exposure to cold and fatigue to which I had been subjected, as related, I found myself, on attempting to rise and dress for breakfast, so distressed as to be almost unable to assume an erect position. In this condition, for the purpose of relief, I resorted to a warm plunge bath. The result of the experiment was most unexpected and disappointing; and, following it, occurred an entire revolution of symptoms. The pain which had previously been confined to the back and diffused, now changed its location and became concentrated. The metastasis was to the right glutei muscles. And in this place, let me say, it located to stay for five long months.

In this connection I deem it especially important to note three facts: first, the suddenness of the pain in its translation; second, its particular location in change of seat; third, its concentrated character upon attacking glutei muscles.

After seizure of the buttock, the pain, in a few days, attacked the leg. In its downward invasion it almost entirely passed the thigh and knee. The locality of assault of the leg was its antero-outer aspect; and in respect to fixedness and circumscribed limit, the pain in the extremity corresponded almost exactly with that experienced throughout the progress of the difficulty in the ham.

I pause at this juncture to make an observation or two in regard to the diagnosis. Considering the cause from which we may reasonably believe it originated, or which was provocative of its development; and considering, also, its intimate connection with a previously existing trouble of a metastatic character, there can, doubtless, be no question of a rheumatic diathesis in the case. And, in view of the locality of the pain, and the symptoms manifested, it would appear equally certain that the great

sciatic nerve was involved. Consequently, it may, I think, be fairly concluded that rheumatic sciatica is the disease, or the appropriate title for it, of which I was the subject, at the period now considered.

Recognizing the pathology of the difficulty correctly represented by the above-stated diagnosis, the malady was sought to be combated, in the outset of the attack, by those therapeutic means which observation, confirmed by authoritative clinical results in like cases, has established as salutary and efficient. Two important indications were to be met in the treatment, arising from two correspondingly important factors in the case. One object necessary to effect was the reduction of the system due to excessive plethora; and the other required was to get rid of the specific morbid poison upon which the disease depended. To compass this twofold end, antiphlogistic and anti-rheumatic agents were employed, the constitutional condition and the specific disease rendering a common selection of remedies appropriate of resort. In the treatment instituted, saline cathartics, wine and acetate of colchicum, several of the potassas, diuretics of direct and alterative action, salicylic acid, etc., were the leading medicinal agents relied upon, together with such local appliances as rubefacients, counter-irritants, vesicants, cupping and electricity. But another element of disease, complicating the treatment, is to be noted. I refer to the neurotic element. The symptoms of a neuralgic character, consequent upon this feature of the trouble, were kept in check principally with anodynes, of direct or indirect action, promotive of that effect; these being rendered necessary equally on account of the rheumatic suffering present. With a more special curative object in view, various other medicinal articles of an anti neuralgic character and virtue, were resorted to from time to time. Of this class, chief reliance was had upon quinine, iron, gelseminum, iodoform, phosphorus, nux vomica, valerianate of zinc, sulphate of nickel, etc. Despite, however, the aggressive warfare prosecuted against the foe, by the multiplied weapons of resort, the enemy refused to surrender, though, after awhile, abating the fierceness and enmity which signalized the onset of attack.

As particular professional interest does not attach to the case, further than already disclosed, till about the period when I presented

myself before the society, in the instance heretofore mentioned, I will omit a detailed account of my experience during a few weeks' time, except to add that alternate suffering and comparative freedom from pain characterized my condition meanwhile.

Commencing with about the third month of my illness, occurred a gradual aggravation of the symptoms, the neuralgic trouble becoming the most marked feature, and rendering sciatic neuralgia an expressive and appropriate characterization, now, of the difficulty. In the meantime, too, were developed evidences of disease other than that of local existence, not yet adverted to. I have only to recall to your recollection my appearance upon the occasion of the exhibition of myself in your presence on the 5th of June last, to impress you with the conviction. I take it, as entertained on my part, that insidious disease of some grave character had attacked some important organ or organs of my system. That some serious lesion at that time existed, was manifest in the waxy, lardaceous aspect of surface, and edematous infiltration of cellular tissue, amounting almost to anasarca, in the region of the loins and pelvis, a condition which I apprehend you will all remember in the clinical exposure you witnessed on the occasion just alluded to. As was suspected, though not at the period adverted to, and satisfactorily determined on the part of my attending physicians, the special organs involved proved to be the kidneys, and the disease which gave rise to the symptoms indicated was undoubtedly a renal difficulty. Upon microscopic examination, the urine was found to contain numerous casts, evidencing the precise pathological trouble to be desquamative nephritis. Due to this complication, may be referred, without doubt, the greater share of my suffering, first and last.

The day subsequent to the event of seeking advice of the members of this society, as I had previously planned to do, I made a trip to New York; and on that visit to the city I called upon Dr. Willard Parker for professional counsel. He gave me a careful, and apparently interested examination, announcing my difficulty to be, in his judgment, *lumbar sciatica*, and expressing the belief that the real seat of the trouble was at the roots of the nerves distributed to the right gluteal region, and especially involving the great sciatic nerve. I have no doubt of the correctness of Dr. Parker's

diagnosis. He made no suggestions of particular interest, as to general treatment and medication, further than had already been tried. Upon his advice, on returning home, some important local means were had recourse to, that had not previously been employed. In the consultation, I unmistakably got the impression, not by avowal in so many words, but inferentially, that he entertained an unfavorable prognosis, at least of speedy recovery. And how otherwise could he have believed or prognosticated, in view of my bad general condition, and the local aspects of unpromising augury in the case, as indicated by my wrenched and misshapen person, consequent upon the effects of the terrible malady that had stricken me.

The jaunt to the city, besides having proved difficult of accomplishment, owing to almost impracticable, as well as very painful, locomotion, resulted, I am convinced, in incalculable aggravation of the disease. On my return home I soon betook to my bed, almost steadily keeping it till obtainment of final relief. The torturing agony which I endured during that period of confinement I will not attempt to describe. The suffering was paroxysmal, for the most part, the attacks, however, lasting often for hours; and as to severity, the pain was simply excruciating. Indeed, as the trouble progressed, the pain, toward the close, became downright terrifying, and utterly demoralizing in its effects upon me. But, as all things must, it had an end at last. The night of the 27th of July signalizes my deliverance from the thraldom of my tormentor. The departure of the pain, as had been its advent, was marvelously sudden; so sudden, in fact, that I could hardly believe the reality of its exit. And, thank God! it departed not to return; for since exorcised, up to the present moment, I have not been haunted even by the demon's ghost.

I will occupy but little space in the narrative of the symptoms which characterized the last weeks of my suffering, additional to those already mentioned or foreshadowed. Among the most important of the later developments or sequelæ of the malady were diminished temperature and atrophy of the right inferior extremity, evidencing impaired innervation and nutrition of the limb. The latter condition was indicated by a measurement showing a full inch less circumference of the calf of the right as compared with the left leg; and the extent of

coldness of the same extremity may be inferred, when the fact is stated that a heated brick to the foot was needed to maintain comfortable warmth, with the thermometer registering, say 85° in the shade.

Another notable feature was the growing tenderness over the lumbar vertebrae, right glutei muscles, and along the tract of the sciatic nerve, on the one hand, and diminished sensibility of the leg and foot of same side on the other; thus denoting, unmistakably, progress of neurotic lesion and functional nerve derangement. The insensibility, especially of the foot, I will remark, culminated into a condition of semi-paralysis; and even at the present time there still exists some numbness of the large toe of the foot in question.

In connection with the symptoms just referred to, and having like origin, may be mentioned the fact of excessive hyperesthesia pervading the region of the right hip. So sensitive were the parts in this locality, due to tenderness of the sciatic nerve and exalted sensibility of the cuticular surface, as to render lying upon the affected side quite impracticable.

Beside those already detailed, there were some other complications which greatly added to my distress. I particularize only one more. It was the occurrence of tumors, phlegmonous in character, and hard, and of considerable size, located in connection with the muscle of the leg attacked early in the trouble, arising from the piercing of the muscular tissue with the needle of a hypodermic syringe. This unfortunate procedure was the occasion of untold suffering to me. The well-meant but ill-advised operation was the act of a professional friend whom I met on the occasion of my visit to the city.

A few words here respecting the final treatment employed. More than a bare reference to it is inadmissible, for lack of space. Let it, then, suffice to remark that, in the latter stage of the difficulty, those agents best calculated to give relief to neuralgic suffering seemed most indicated, and were accordingly very extensively utilized, a single trial of the same drug in this class not always discouraging confidence in its efficacy if repeated. Other remedies, too, that had been prescribed, and that had proved serviceable at an earlier period, at this time were renewedly appropriated, according to recurring therapeutic necessity. I may cite, as another example of the

repetition of medicines of a given class, those agents which most effectively promote the action of the kidneys—besides salutary, indirectly, in other respects—as having been re-taken, though previously had recourse to. While omitting, however, to give the list of remedies, let it not be conceived or inferred that persistent and heroic general and local treatment was not continued to the end. As a sample of the latter, which may illustrate the character of the former, as to the selection of potential instruments, I will cite the repeated application of the actual cautery, employment of a red-hot glass rod, tipped along the course of the diseased nerve, from time to time, creation of issues in the back, and recourse, in other modes, to kindly-intentioned curative resort, though of painful infliction.

The results of the concluding few days' treatment, pending the period of greatest suffering, having proved so notably successful, I will give it in full. Following are the two last prescriptions ordered:—

1. R. Ammonium brom., ʒv  
Aconitæ rad. tinct., gtt.lxx  
Aqua puræ, ʒiv. M.  
Sig.—One teaspoonful every six hours.

2. R. Morph. sulph., gr.viiij  
Aqua puræ, ʒiv. M.  
Sig.—One teaspoonful every six hours.

I should state, that immediately preceding the taking of the medicine represented by the recipes given above, I had been for some days upon a prescription of quinine and iron, which was still continued. In respect to the use of morphine, I will state that, hitherto it had been administered hypodermically, as necessity demanded. By the new directions for giving it, it was authorized in the old way only in case of extreme pain, and at bedtime. Now note the result. On the second night after the adoption of the treatment detailed came the sudden and grateful relief which I have elsewhere described. Not only was the treatment thus effective in respect to prevention of recurrence of paroxysmal attacks of pain, but there was recovery, as well, from the tenderness over the tract of the affected sciatic nerve, and from the exquisite sensitiveness of the peripheral surface of the same side, which had before obtained, and which I have remarked about in another place.

This sudden immunity experienced from the

suffering incident to the sciatic affection with which I had been for so long a period afflicted, opens up a subject of interesting inquiry to the medical philosopher. For my own part, I will not attempt to solve the mystery of the disappearance of the pain in the unconscious hour of a single night; but I will venture the suggestion whether there was not an intimate relation between the last remedies employed in the treatment and the irritation of the nerve tissue, or fibrillæ, on which the neurosis depended, proving antidotai and curative in respect to that irritation. Before final dismissal of the subject of treatment, in general, of the very intractable, as well as painful, ailment we have been considering, I take occasion to record, for the benefit of members of the society, a couple of valuable suggestions, under this head, communicated to me by professional friends, after the necessity for practical application, in my case, had passed. One, to which I advert, was delivered to me by Dr. C. P. Smith, of Chester, the remedial procedure involved having his endorsement based upon trial in practice; its prime author, however, being Prof. Wm. H. Thompson, of the University of New York. The treatment recommended consists of the heroic and persistent administration of croton oil internally; and tipping with actual cautery, over the course of affected nerve, locally. For the other suggestion of relief referred to, I am indebted to Dr. J. Linsly, of New York city. It is a medication which has for its authorship a no less authority than Prof. Austin Flint, Sr., personally advised, through Dr. Linsly on my behalf. Following are the remedies he suggested, and his counsel in the premises. Ten grs. sulph. quinia, daily, for ten days; and, if not relieved in that time, to take Fowler's sol., with the fluid ext. of the seeds of corium, by Squibb.

Another chapter in the history of the case of the disease the progress of which we have thus far traced might, perhaps, not without interest and profit, be added to the foregoing; for, it must be remembered, that, after the cessation of pain, I was far from having recovered from the malady. But I am admonished that, to pursue the narrative of my difficulty in extenso to convalescence, would weary all concerned; and I therefore dismiss the story of my trouble with the single observation, that my improvement has been satisfactorily rapid, and that the prospect is reasonably encourag-

ing of complete restoration in due time, to former symmetry and robust health.

Before concluding this paper, I feel constrained to add an observation, personal in character, in reference to medical gentlemen of this Society. It is in acknowledgment of the kindness of members toward me, so many of whom visited me during my painful and protracted illness; giving me the benefit of their valuable counsel and comforting sympathy. To one and all I tender my cordial thanks and grateful appreciation for that kindness shown to me in my time of need and distress. To my village neighbors of the profession, for their attentions; and above all, to my attending physician, Dr. S. G. Carpenter, of Chester, for his long, faithful, and efficient services upon me, I desire especially, at this time, to express my recognition of obligation and hearty thanks.

## HOSPITAL REPORTS.

### UNIVERSITY HOSPITAL.

SERVICE OF WILLIAM PEPPER, M.D., PROFESSOR OF CLINICAL MEDICINE.

(Reported expressly for the MEDICAL AND SURGICAL REPORTER.)

#### Saccharine Diabetes.

A. H., aged 24, was perfectly well until 1871, when he suffered from abdominal colic. He recovered, however, from this attack, and continued well until last December, when he began to grow weak, and to crave food and drink. His urine was greatly in excess. He continued to grow more and more emaciated. He also complained of pain in the right hypogastric region, and of shortness of breath on exertion. I can learn nothing with regard to the boy's parents. He seems to have had a very hard life of it thus far; received blows on his head very frequently when young.

The general and special symptoms of diabetes are well known. The urine is almost always very greatly in excess. The sufferer is obliged to get up frequently during the night, to pass water. The natural quantity of urine passed in twenty-four hours is about thirty fluid ounces; in diabetes sometimes as much as ten quarts is passed in the same time. In severe cases the quantity is even greater than this, as much as three, or even four gallons during day and night. Excessive diuresis, therefore, is a marked symptom. Saccharine diabetes must be distinguished from Bright's disease or albuminuria. In Bright's disease there is albumen, and no sugar in the urine, and the specific gravity of the urine is, as a general rule, below the normal, about 1005-1006. Dropsy and granular degeneration generally accompany the dia-

ease. In saccharine diabetes the specific gravity is always above normal, that is, above 1020, the stools are hard and dry, and sugar is always present in the urine. There may be cases of simple excessive diuresis without the presence of sugar. In the present case the urine is very light-colored, slightly turbid, and with a very high specific gravity, above 1033. This boy has passed three hundred fluid ounces of urine in twenty-four hours. His urine contains a large quantity of glucose. In diabetes you nearly always find excessive thirst and craving for food; usually there is a direct proportion between the thirst and the amount of urine passed. The weakness may be excessive before the unusual excess of urine be noticed. In this disease the skin is usually harsh and dry. There is very rarely any sweating. Sometimes the presence of sugar in the blood brings on itching and eruptions of various kinds on the skin. These eruptions are often very difficult to cure. The tongue is red, the throat irritated, and the digestion fails. In later stages it is customary to find a good deal of dyspepsia, with eructations and general torpidity of the bowels. If the case progresses to an unfavorable termination there are evidences of profound malnutrition, obstinate diarrhoea, slow, dry gangrene, and inability to bear any strain or shock. Surgical operations at this period are generally followed by rapid gangrene, and fatal results.

The sugar found in the urine in this disease comes from the starchy foods eaten. The blood of the portal vein contains, in health, a considerable quantity of glucose, which in the normal subject is broken up into blood and carbonic acid. This is the natural healthy process which is stopped in saccharine diabetes. The starch is changed in digestion into glucose, and reaches the portal vein in that state, but never goes beyond that stage, and therefore goes into the general circulation as glucose. The liver plays a very important part in diabetes. Not only does the starch food taken never pass beyond the stage of glucose, but it is also probable that the so-called glycojenic, or animal glycojen-producing, function of the liver is unusually, abnormally, active in diabetes.

A certain set of organic diseases of the brain are attended with diabetic symptoms. These diseases all affect the floor of the fourth ventricle, near the origin of the pneumogastric nerve. Experimental lesions of the floor of this ventricle are known to cause sugar to appear in the urine.

Diabetes occurs in all ages and in both sexes. All classes of persons are liable to it. There is often seen a set of *diabetics* past middle life who manage, in spite of their disease, to keep up flesh and strength. If there is not much sugar in the urine the case is generally of easy management. In youth diabetes is always attended with more or less danger.

In the hygienic treatment of this disease, the first effort must be toward the cutting off the supply of all starchy elements of food. If the urine becomes less abundant under this

exclusive regimen, some hope of ultimate cure may be held out. In some very obstinate cases, even after excluding from the food starchy matters, the urine still continues to contain a large proportion of sugar.

In all cases the diet must be modified, as above stated. Much time might profitably be spent in the consideration of the dietetics of this disease, and I shall have to postpone this until a future occasion. As regards medicinal methods, I have derived the best of results from the continuous administration of large doses of opium; as much as ten grains may be given daily, in divided doses, without producing the slightest drowsiness. This treatment has been followed in the present case by a great decrease in the amount of urine and of sugar contained. The proportion of sugar, however, has not yet gone down. The boy is taking now five grains of opium daily, and the amount of urine has fallen from twenty to eleven pints daily. As regards the prognosis of this consuming and weakening complaint, nothing favorable can be offered, until the sugar begins to disappear from the urine.

#### Abdominal Tumors.

*CASE 1.—Carcinoma of the Omentum in a Girl Fifteen Years of Age.* A child, fifteen years of age, had measles and scarlet fever about nine years ago. Three years ago she had an attack of cholera morbus. In April last she was seized with pain in her side and breast. This pain was very sharp, and has continued. She always suffers more when she is lying down. Her breath is very short. Four months ago her stomach began to swell, cough came on, there was some slight trouble in passing water. Much flesh has been lost, and the appetite is poor. The girl, though fifteen years old, has never menstruated, and there is no evidence, to speak of, of puberty. At present she has a sharp pain low down over the region of the liver. On lying down, the epigastrium becomes prominent, and general epigastric dullness is elicited on percussion. No interval exists between this abdominal mass and the liver. The tumor is very hard, and is too deep seated to be in the abdominal walls. No pulsation or fluctuation exists. Albumen is found in the urine, and the stools are small and putty-colored. The abdomen is enlarged, chiefly in the upper part. The dullness is found in the middle line, all the way from between the ribs to some distance below the umbilicus. It practically occupies the epigastric and part of the right hypochondriac region. Examination fails to show any enlargement of the spleen, and but slight enlargement of the liver. The dullness of the liver is continuous with that of the tumor. The liver is often the seat of enlargement. In amyloid infiltration it looks like stiff glue, and becomes double its natural size. This change very frequently takes place in scrofulous children. In this peculiar degeneration, the spleen and kidneys are apt to be affected, albumen appears in the

urine, and abdominal dropsy comes on. The liver, too, is enlarged equally in all its dimensions, and therefore still preserves its general shape. This mass is rounded, and has not the shape of the liver. Amyloid degeneration, too, is absolutely painless. In this case there is constant sharp pain. There is no dropsy here. There is no syphilitic, tubercular, or scrofulous taint here, and no bone disease. The presence of albumen in the child's urine is somewhat difficult of explanation.

The enlargement might be from malignant growths. Though common in the old, this is, however, a very rare condition in the young, except in the case of infants. Cancerous disease is always accompanied by progressive anaemia, cachexia, and emaciation, as in this child.

I should diagnosticate this case, in spite of the patient's youth, to be one of carcinoma of the omentum, close up to the lower margin of the liver, and running over the stomach. Though pressing already on the bile duct, it has not yet produced jaundice. In no other way can I explain this hard mass. This is an extremely rare case.

In the treatment we must limit ourselves to the relief of pain, and the employment of a well-selected diet. I know of no remedy which can be said to check the progress of carcinoma completely. Alteratives seem to have some power of affecting carcinoma by changing the general nutrition of the body. I have had good results occasionally from the administration of large doses of arsenic for long periods of time, in cases of internal growths. Iron may be given with the arsenic. Pain should be relieved, of course, by opiates.

CASE 2.—A young woman, 19 years of age, born in Ireland, of healthy parents. General health very good until a year ago, when she began to lose flesh and strength. Last May she menstruated for the last time. Up to then she had menstruated regularly. In May she felt a pain in the lower part of the right side of the abdomen. The abdomen soon began to enlarge. She became anaemic, weak, and unable to attend to her work. Since May the acute symptoms have come on very rapidly. There is to-day, fever, small and frequent pulse, and very marked weakness, pallor and emaciation. The abdomen is as large as that of a woman at the seventh month of pregnancy. The enlargement is not symmetrical. The mass projects near the umbilicus, which protrudes. There is no fluctuation. The percussion sound is perfectly flat, and the abdomen is very tender to the touch. The region of dullness is bounded by a very irregular line. Turning the patient from side to side effects no change in the amount or position of the dullness. Evidently there is no dropsy. Examination shows conclusively that there is no foetus in the womb, and that that organ is not enlarged. The hymen is intact and the mammae are wasted. The failure, too, of the general health points to some grave constitutional vice. The liver is in its proper

position and of the natural size; so also is the spleen. The mass is not an ovarian tumor, though it may implicate the right ovary. The tumor evidently springs from high up in the abdomen. The terrible rapidity of the symptoms, the pain and general cachexia, point indisputably to a carcinomatous growth. The carcinoma, not restricted in its growth to any one organ, has involved the glands of the abdomen and peritoneum. The growth is already beginning to obstruct the intestinal passage. It is really enormous, twice as large as an adult head.

Of course the prognosis in this case points to a speedily fatal result, a result not to be postponed by any remedial agent.

#### Floating Liver in an Adult Female.

CASE 3.—W. S., 41 years of age, married, has had seven children. Seven years ago she got up on the 5th day after the birth of her third child, and began to attend to her general housework. An hour or so after getting up she was seized with pain in the right lumbar region, shooting up to and across the epigastrium. The pain was of a burning and boring nature. She further noticed uneasy and painful sensations in the epigastrium. Her appetite was good, but her bowels costive. The pain was relieved by eating; she suffered from flatulence, eructations and swelling of the epigastrium; also from bearing down pain in the loins. Her skin has a yellowish tinge, which seems to be natural. There is no cough; she has been regular every month. When in the recumbent position, the skin of the abdomen is flabby and wrinkled, and peristaltic movements of the intestines can be observed. The liver extends across the abdomen to the umbilicus, from a vertical line drawn from the anterior superior spinous process of the ileum; extends downward to a horizontal line drawn from the same process, and extends upward to within an inch and a half of the lower border of the ribs. The transverse fissure of the liver can be felt about one inch to the right and below the umbilicus; the gall bladder can also be felt; the liver does not seem to be enlarged. There is great tenderness upon pressure in the right iliac region below the liver. The entire liver can be mapped out in the abdominal cavity. There is resonance over the usual position of the liver. If this were carcinoma there would be cachexia and emaciation. The woman's general health, however, is good. This is evidently a case of dislocated liver consequent on the rupture, or relaxation of the suspensory ligaments.

Nearly all the abdominal organs can be displaced. Enlarged spleens often float about. The spleen has no attachment but its blood vessels, which are long and tortuous. I have often found spleens in the pelvis. Kidneys, too, are frequently dislocated by a sudden shock. Nothing is felt at the time but a little pain and sense of dullness. The liver is rarely dislocated. In my experience, where it is dislocu-

ted, it is generally in women, and produced without violence. The secretion of the bile and the color of the stools are healthy. I show you this case as a rarity.

#### Tonsillitis.

Man, 31 years old. Tonsils have been enlarged for nine years. This affection usually dates to an earlier age. The glands and follicles of the tonsil undergo inflammation, hypertrophy and induration. In some cases there may be a continual discharge of offensive matter. This inflammatory condition renders the glands very subject to sudden cold. This is a very annoying condition, and calls for relief. In the young, the gland can often be reduced in size by astringent treatment; in this case I shall have to amputate part of the right gland. This has already been done on the left side. Care must be had in using the tonsilome, not to injure the sheath of the carotid, by cutting down too low. I have shaved off a thin slice of the gland, about one-quarter of an inch in thickness. By the application of astringents to the stump complete shriveling of the inflamed gland will be obtained.

#### The Diagnosis of Typhoid Fever.

First, as regards the temperature; this begins at  $99\frac{1}{2}$ <sup>o</sup> in the first week. As the disease progresses it mounts up and drops down. Falling each morning, but not quite so far as on the preceding morning, and rising each evening higher than on the preceding evening. The temperature on the 7th day generally stands at  $101^{\circ}$  in the morning, and  $102\frac{1}{2}$ <sup>o</sup> in the evening. In typhus fever the rise of temperature is not gradual, but very rapid, running right up to  $102^{\circ}$ ,  $103^{\circ}$ ,  $104^{\circ}$ , even higher. In the second and third weeks of typhoid fever the temperature is fairly uniform, though high, with a daily variation of from  $1\frac{1}{2}$ <sup>o</sup>, to  $2^{\circ}$ . At the end of the third week the temperature begins to fall, each morning and evening, showing a correspondingly lower temperature. These data are of great value in determining whether the fever is running its proper course. In malarial fever there is a complete remission, or intermission, according to the type of the fever. This is never found in typhoid.

The other most pathognomonic symptoms of typhoid are those connected with the abdomen. The belly is very much swollen and tympanitic. There is either constant diarrhoea, or an irritable state of the bowels, with cutting abdominal pains. As regards nervous symptoms, in the second week there is usually dullness, listlessness, and hebetude. The patient wants to be let alone. At night there is, perhaps, muttering delirium, or even violent excitement. The eyes are almost entirely closed. There is twitchings of the muscles. The tongue is tender and moved with pain. There is loathing of food, but rarely vomiting. In the second and third weeks the pulse rises from 96 to 120. The frequency of the pulse is not as great as in typhus and scarlet fever. The breathing is

shallow and frequent, with some sonorous rales over the chest. The eruption appears on the seventh and eighth days, and consists of spots of rose-red color, of the size of your finger nail, seen usually on the belly, between the nipple and umbilicus. These spots are scarcely, if at all, elevated above the skin. These may be absent. There is no proportion between the violence of the disease and the amount of eruption. One of the characteristic symptoms of this fever is profuse epistaxis. There is very rarely excessive thirst, for the mind is generally too much dulled in its sensations.

#### COLLEGE OF PHYSICIANS AND SURGEONS.

CLINIC ON DISEASES OF WOMEN, OCTOBER 5TH, 1877.

BY PROFESSOR T. G. THOMAS.

#### Dysparunia—Vaginismus.

GENTLEMEN:—I present to you a case which, when you enter practice, will be of service in aiding you to treat a condition which cannot be considered as rare. A point of interest to the physician, as well as the patient, is that, with proper treatment, a complete cure may be effected; and unfortunately a similar prediction cannot be made in many gynecological cases. Out of regard to the feelings of the patient, I shall run over the history. She says that since her marriage any attempt at coition caused very severe pain, and moreover, any proposition to that effect gave rise to severe trepidation. When she was placed on the table, and the labia drawn aside, the hymen was found to be complete. The finger was then placed upon it, when the patient suffered severe pain, similar, as she says, to what was felt during the efforts at intercourse. There was noticed, also, a carbuncle near the urethra. Dr. Burns, the Scotch obstetrician, long ago recognized the disease, and since that time many have contributed to the literature of the subject. It was, however, to Dr. Marion Sims that we are indebted for the first thorough description, with method of treatment. He called it *vaginismus*. It seems that there is a hyperesthesia around the vulva, and the slightest pressure gives rise to severe pain. The operation is quite simple, and, as I remarked, offers an exceedingly satisfactory result. After the patient is anaesthetized, she is placed upon her back, with the thighs separated as widely as possible. The assistants then draw apart the labia and expose the hymen. This is grasped by a forceps, and the whole of it removed by means of the scissors. Any hemorrhage is readily controlled by pressure or ligature.

The opening of the vulva is then further enlarged by several incisions carried downward and outward. The incisions in this manner radiate through the perineum. After all hemorrhage has ceased, the glass plug is inserted and retained in position by means of a strip of adhesive plaster, which passes from the

sacrum across the vulva to the abdomen, anteriorly. This plug should be kept continually in position for the first fortnight, and after that time, it may be found that by introducing it at night the necessary dilatation will be kept up. After six weeks it may be dispensed with entirely, and it will then be found that the patient is cured. I remarked, when speaking of the examination of the patient, that a caruncle existed near the meatus urinarius. It can be removed, without difficulty, by the scissors.

#### Ovarian Cyst, Following Pregnancy.

A patient, aged thirty-five, stated that six weeks after being delivered of her last child she noticed pain in her left side. A blister was applied, and following its use the pain changed to the other side. The pain has existed for five months, and shortly after its appearance she found that her abdomen increased in size till it became as large as a pregnant uterus at seven months. Dr. Thomas said: When I placed my finger into the vagina I found the uterus in its normal position, and movable. When I pressed on the tumor I found that the uterus was not connected with it, for the reason that when the tumor was moved the uterus remained stationary. When the hand was placed over the abdomen the tumor presented an irregular surface. The diagnosis of abdominal tumors presents many difficulties, and opportunities for mistakes, and it is important to arrive at a result by exclusion. We will first consider tympanites; and strange though it may seem, I am aware of several cases where the operator, under the conviction that he was dealing with a case of ovarian tumor, cut down through the abdominal wall, and only recognized the mistake when the cavity was laid open. It was only last week that I saw a case that came here from a distance of several thousand miles, and on examination no sign of ovarian tumor could be made out. The abdomen was simply distended with gas. It will thus seem to you that some attention must be given to the patient before tympanites can be excluded. The diagnosis of gas is simple; it consists in there

being tympanic resonance over the abdomen, without the existence of any appreciable tumor on palpation.

Pregnancy offers a more serious obstacle than the previous one. In the present case the patient was delivered of a child less than seven months ago, and although it is not impossible to find cases where conception takes place shortly after parturition, it must be considered as a rare occurrence. When the finger is introduced into the vagina the cervix is found flaccid. In the present case the os tincte is hard, and characteristic of the non-pregnant uterus; moreover, the uterus is not connected with the tumor. Ascites offers another troublesome feature to eliminate, but what may be considered characteristic of unconfined fluid in the abdominal cavity is a line of dullness, varying with position. Such does not exist in the patient before us.

Uterine fibroids may reach the size of the tumor before us, but they are a part of the uterus, and, as I have previously remarked, the uterus is not connected with the tumor in this case. An examination of the abdomen shows an irregular, large mass, movable in the abdomen, and in my opinion due to the presence of a multilocular ovarian cyst. I have not introduced an exploring trocar, or needle of hypodermic syringe, for the reason that she has to go home to Newark; and although it would make the diagnosis positive, it would expose the patient to danger. She will, however, enter the Woman's Hospital shortly, and I hope before the end of the session to be able to show her to you in an altered condition. In regard to treatment, it may be summed up in one word—ovariotomy. It was formerly the custom to evacuate the cyst and inject with tincture of iodine, but the few cases in which cure took place would not justify the risk of the operation.

I may say that I find that the great majority of ovarian cysts are found in the poorer class of patients, and not in those who are in position to remunerate the operator. The cause of this is difficult to understand, but possibly it may be accounted for by imperfect nutrition.

## EDITORIAL DEPARTMENT.

### PERISCOPE.

#### On Sulphuric Ether.

One of the female graduates at Paris, Mlle. Ocounoff, has discussed, in her thesis, the physiological function of sulphuric ether, and its employment in subcutaneous injection as an excitant and stimulant. The physiological effects are very carefully investigated in relation to the blood, circulation, and temperature,

the secretions of the intestine, stomach, liver, kidneys, bronchi, etc. In certain doses, sulphuric ether has the effect of (1) elevating the temperature, (2) increasing arterial pressure, (3) increasing the secretions, (4) increasing the pulmonary combustion, (5) producing agitation, (6) causing hyperesthesia of the senses and of the skin, dilating the pupil. Mlle. Ocounoff recommends the injection of from one to four grammes (the maximum dose), the most convenient place being the middle of the internal

surface of the thigh. These injections are especially recommended in cases of extreme hemorrhage from wounds or injuries, or after surgical operation, and on the field of battle. The practice is not without its successes ; it has been adopted in more than one of the hospitals of Paris and of the provinces ; and, when it is remembered that transfusions of blood in very small quantity have succeeded, apparently through their stimulant action, as well as injections of warm milk, warm water, etc., there is reason to expect that the surgical practice of the ether injections, which Mlle. Ocounoff has studied, and of which M. Verneuil thinks highly, may be a useful surgical resource.

#### Neurin as a Remedy in Diphtheria.

The *Medical Times and Gazette* says :—From experiments on the action of this body on albuminous substances, and from experience of its antiseptic action, Professor E. Ludwig, of Vienna, was led last year to recommend a trial of it as a local application in diphtheria. His advice has been followed at the Count Prince Rudolf Children's Hospital, and according to the reports of the physicians, Drs. Hanke, von Becker, Brezma and Winiwater, neurin, when applied to the affected parts every two hours, in a 3 to 6 per cent. aqueous solution, gave "good results, even in the severest cases." The membranous exudation was soon detached, the inflammation limited itself to the most superficial layers of the mucous membrane, and a remarkable improvement in the general appearance of the patient was observed. Similar results were obtained with solutions of tetramethyl ammonium-hydroxide and tetraethyl ammonium-hydroxide. Neurin, it may be mentioned, is a product of the decomposition of protagon, a phosphorized constituent of the brain, and is known to modern chemists under the prodigious name of *trimethyl oxethyl ammonium hydroxide* ( $\text{CH}_3$ )<sub>3</sub>N.C<sub>2</sub>H<sub>4</sub>O.H<sub>2</sub>NO. It can be synthetically prepared by the action of a concentrated solution of trimethylamin on ethylene oxide.

#### Thermo-Cautery in Lithotomy.

Thermo-cautery seems now to be the order of the day in Paris. At a recent meeting of the Société de Chirurgie, M. Verneuil stated that he had employed it in three cases of lithotomy, with advantage. It is used, however, not for effecting the operation itself, but for the performance of its preparatory stage in order to discover the urethra more easily. Its employment, which is extremely easy, facilitates this very much, while it prevents urinary infiltration. Sometimes, however, a fistule persists for a long time—viz., for seven weeks in one of these cases, and three months in another. M. Anger observed that the track caused by the thermo-cautery is a very clean one, and greatly facilitates the penetration of instruments into the bladder. The incision should be made by

rapid strokes, which are to be followed by irrigation with cold water. In his case, although the wound did not cicatrize for thirty days, no urine had escaped after the tenth or twelfth day. The *passage* of urine over the wound, it is true, is not dangerous, but under the ordinary mode of procedure, the different planes of the perineum are retracted irregularly, and *stagnat*ion of urine taking place, infiltration, or at the least, maceration, of the wound may occur.

#### The Influence of Iodide and Bromide of Potassium on Digestion in the Stomach.

Dr. Felix Put Jey, of Liège (*Annales et Bullet. de la Soc. Méd. de Gand*), has made experiments on the transformation, under the action of bromohydric and iodohydric acids, of fibrine into peptone, and finds that while, up to a certain limited quantity, the iodohydric acid assists the transformation, thereafter it almost entirely prevents it ; while the more bromohydric acid is present, the greater is the quantity of peptone formed. Thus the different influence of the bromide and iodide of potassium is explained. When they meet the acids of the stomach bromohydric and iodohydric acids are formed ; the first assists digestion, the latter (if in the least too great in quantity) retards it.

Hence the practical rule to administer the two salts, but certainly the iodide, an hour or so before meals, when the stomach is empty, and its surface covered by a layer of mucus having a neuter reaction. The medicine is not decomposed, and is rapidly absorbed.

#### The Position (Therapeutical) of Damiana.

Commenced in quackish style, damiana has come to a finis easily foreseen. Dr. L. P. Yandell, Jr., of Louisville, tells what he knows about it in a recent paper. He says, "Damiana is almost certainly an unmitigated fraud. Three distinct vegetable products are sold under the name. While it may have produced some very remarkable results, these have been brought about, in all probability, through the imagination of the patient. Could a medicine be discovered possessing the aphrodisiac power attributed to damiana, half of the arable land of the earth would be devoted to its cultivation, and the supply would then not equal the demand."

Good-bye, damiana, and the bright hopes you fostered.

#### Granular Ulceration of the Cervix Uteri.

In a report of the Rotunda Hospital, Dublin, we notice that several cases of the severe form of this affection were admitted ; most of these had previously been treated in the Extern department without benefit, and in each of these, milder measures having failed, potassa fissa was freely applied, in all with benefit. The experience there, in the treatment of this affection is, that nitrate of silver, and even the

fuming nitric acid, is insufficient for the cure of the severe forms of it, and that where the cervix uteri is soft and spongy, and bleeds on being touched, it is necessary to destroy the whole vaginal aspect of the cervix to a considerable depth. The custom is to leave in the vagina, after the application of the caustic, a pledget of cotton saturated in glycerine, which tends to lessen any pain or uneasiness which may follow the application. As a rule the slough separates in four or five days, leaving a healthy surface, which heals up in a short time. Their experience of this method of treating the affection under consideration is very favorable.

#### Dental Caries and its Prevention.

In a recent paper, Mr. A. Stewart, of Edinburgh, maintains the view now generally advocated by dental authors, that dental caries is due to chemical action—the destruction of the calcareous enamel by acidity. The chief sources of acidity in the mouth were enumerated, and the action on the teeth illustrated by cases from practice. Food remaining on and between the teeth was stated to be by far the most common source of acidity, and the one to which must be ascribed the general prevalence of dental caries, acid being formed wherever there is a lodgment of food, long before morning, when only it is the custom to clean the teeth. Assuming acidity to be the only proximate cause of dental caries, and its neutralization the only preventive, the profession were urged to inculcate the habit of cleaning the teeth at night, and rinsing the mouth afterward with a solution of carbonate of soda in water, made agreeable by the addition of camphor, recommended because so inexpensive that it may be regularly used by all classes. The author expressed his firm conviction that, were these simple means in general use, dental caries would be as rare as it is now common.

#### Frequency of Bad Teeth.

The editor of the *Medical Press and Circular* comments on the fact that the improvement in the general health of the public, and the degeneration of their teeth, seem to have advanced in an inverse ratio. The most eminent authorities in hygiene and sanitary statistics agree that a very great improvement has, within the last fifty years, taken place in the sanitary condition of the people. The general mortality or death-rate has diminished to a considerable extent; disease is neither so prevalent nor so fatal as it was formerly; the average duration of human life has been remarkably increased. We live more by rule, drink purer water, breathe purer air, and are less exposed to the ravages of epidemic disease than our ancestors were; and yet, *pari passu*, with all this improvement in the health and average longevity of the public, we find that the degeneration of their teeth has been steadily increasing, and to such an extent

as to suggest the propriety of making a systematic investigation into the causes which have led to it.

#### The Poisonous Character of Copper Salts.

In reference to the recent attempt to show that copper is not so poisonous, M. Decaisne has submitted to the Academie de Medecine the following reflections:—

1. That the annals of science, in France and abroad, are full of facts demonstrating poisoning, either acute or chronic, by the salts of copper.

2. That a large number of industries use these salts openly, or for the adulteration of foods and drinks.

3. That improper care of the vessels and utensils employed for industrial and domestic purposes frequently determines the formation of dangerous salts of copper in greater or less quantities.

4. That the statistics of criminal poisoning in France, from 1857 to 1863, show 110 attempts upon human life by the sulphate and acetate of copper, and assign to these two substances the third rank among poisons used for criminal purposes.

## REVIEWS AND BOOK NOTICES.

### NOTES ON CURRENT MEDICAL LITERATURE.

—Treatment of Diphtheria, by E. N. Chapman, A. M., M. D. A reprint from Buffalo *Medical and Surgical Journal*, October, 1877. Alcohol is claimed to be the treatment of diphtheria, and various cases and figures are portrayed to illustrate and substantiate the virtues of alcohol. His personal success with this disease is claimed to be almost wholly due to the systematic use of whisky or brandy in definite doses, and at fixed intervals. The author also states that several of his medical friends, who have been induced to make trial of the alcoholic treatment, assure him that it gives far better results than any other they had previously employed.

—The *Hospital Gazette and Archives of Clinical Surgery*, edited by Dr. E. J. Birmingham, New York, retains the many excellent features of the two journals of which it is a consolidation. It appears every two weeks. Price, \$1.50 per year. We have no doubt it will prove a valuable addition to the reading matter of the profession.

—Marshall Infirmary. Medical report for the twenty-second year, ending August 2d, 1876. Troy, New York.

Nov. 3, 1877.]

*Editorial.*

355

THE

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That our old subscribers may also receive an equally liberal offer, we make them the following proposition.—

Any old subscriber who will send us one new subscriber to the REPORTER, remitting ten dollars to cover the two subscriptions, will receive the Physician's Daily Pocket Record for 1878, or the Half-Yearly Compendium for 1878, *gratis*, as he may prefer.

Any old subscriber who will send us a new subscriber to both REPORTER and COMPENDIUM, remitting twelve dollars to cover both subscriptions, will receive a copy of either Napheys' *Medical Therapeutics*, or Napheys' *Surgical Therapeutics*, as he may prefer.

#### THE VACCINATION QUESTION.

The increased severity of small-pox the past winter, in London, Liverpool, and in various circumscribed localities in this country, has naturally led to a re-examination of the great means we have of preventing it, through vaccination. That this grand discovery has fallen far short in the benefits which its discoverer predicted it would confer on the race, is very obvious. He did not calculate upon the indifference, neglect, and actual opposition to it, which have since militated against its general adoption.

Societies have been formed, and are now in active operation, in Canada, England, and elsewhere, whose avowed object it is to prevent the further adoption of vaccination. Physicians of acknowledged position have written books against it; and we believe a periodical is now regularly issued, devoted to opposing its extension.

Certainly there is no selfish interest in this opposition to what most of us claim to be one of the most beneficent discoveries in history; there is no visible axe which any one wishes to grind. There must, therefore, be some serious ground of objection to vaccination, which, though exaggerated and magnified, has real existence.

The objections stated are various. The protection is not as real as claimed; pyæmia and syphilis are occasionally introduced with the lymph; erysipelas is not an infrequent sequela of the operation; vaccinated persons are more liable to the development of scrofula and consumption than others; certain skin and lymphatic affections seem more common in those who are vaccinated; these are some of the most serious objections to the operation we have seen stated.

Any one acquainted with the difficult science of statistics will see that it is no easy matter either to prove or to refute such statements. So many other factors enter into the production of such diseases, that to assign the exact

influence which vaccination exerts (if it does any) upon them is next to impossible. Even the question of the efficacy of the operation is not so readily vindicated as one might wish. To be sure, there are long columns of statistics which might easily be adduced; but, reply the anti-vaccinationists, can we not bring almost equally positive figures to show that minute doses of belladonna will prevent scarlet fever? And who believes that notion now? Are there not the same tremendous epidemics of small pox about every twelve years, that there always have been? And does not Decandolle's law of the decrease of epidemics through the extinction of constitutions prone to their poisons explain sufficiently the diminished general violence of the disease as compared with it a century ago?

Such arguments are to be met, not by counter hypotheses, but by using every exertion to have vaccination universal, regularly repeated, and free from danger. The sanitary laws of a State should make it compulsory on all school children, all civil service employees, and on all corporations, to vaccinate, and revaccinate at fixed periods.

Careful studies should be instituted as to the relative efficiency of virus, especially, whether regenerated cow-pox lymph, humanized cow-pox lymph, or humanized vaccine lymph, has the greatest protective power. This question is largely a new one, and any person who pronounces upon it dogmatically at the present time is worthy of no great amount of confidence. That it is attracting more and more attention is evident from various papers published within the last year.

Two especially, taking opposite sides, merit perusal. One is by Dr. WILLIAM B. DAVIS, of Cincinnati, and is found in the *Transactions* of the Ohio State Medical Society for 1876. He proffers no original observations, but quotes seven letters from European medical men, generally against the superior efficiency of cow-pox lymph. Dr. DAVIS, however, acknowledges at

the outset that he is prejudiced in favor of the Jennerian practice (humanized lymph), and thinks that the medical journals have "unsettled the profession" on the subject. Hence his letters seem to have been addressed only to those who were already well known for their adherence to the side he favored (Guerin and Seaton, for example), and not at all to those likely to disagree with him. He did not address the vaccinal institutes at Brussels, St. Petersburg and elsewhere, from which large and carefully conducted establishments he would have received replies probably not so consonant to his own views.

The other article is in the *Transactions* of the Wisconsin State Medical Society for last year, and is by Dr. E. H. G. Meachem, of Milwaukee. Its title is, "The Use of Fresh Typical Bovine Lymph in Vaccination Essential to Success." He is equally positive on the other side, writing as follows:—

"I reiterate that, in my humble judgment, the only safe and reliable mode of vaccination is in the exclusive use of fresh, typical, bovine lymph. I do, most emphatically, dissent from the views expressed by my learned friend, Dr. Griffin, in the *Northwestern Medical and Surgical Journal*. I cannot endorse the doctrine, however much it may militate against long-established authority, "that general vaccination with fresh typical bovine lymph is impracticable;" neither do I subscribe to the doctrine "that carefully selected removes, up to as high as the tenth or twelfth remove from the heifer, give equal protection." It is well understood that the two natures are essentially different in many important respects, and that, in its transit through the cow, certain radical changes are produced, which seem to endow it with far greater infective as well as prophylactic activity, whether the result of physiological or pathological changes, or both combined, no power of the microscope or chemistry have been sufficient to determine. It is a fundamental difference which science thus far has been unable to solve. That bovine lymph evinces a degree of infective energy not possessed by humanized lymph, I care not how recent the remove, is too patent to be controverted. Its specific action is more marked and

certain. It is far more reliable, and develops in persons where humanized lymph has utterly and positively failed, though of recent remove. The vesicles produced by it run a full course, compared with which the progress of vaccine vesicles from humanized lymph seem unduly rapid and premature. It renders more definite and characteristic the febrile disturbance so essential to the proper development of cow-pox in the human system. This specific febrile condition is (so expresses a learned author), without doubt, absolutely requisite to the due protection of the system, and for the perfect development and local multiplication of laudable and efficient lymph. 'The more distinctly and typically this specific febrile action is expressed, which succeeds vaccination, the more securely is the person protected.'

#### NOTES AND COMMENTS.

##### On Epidemic Cycles.

At the last meeting of the British Medical Association, Dr. Arthur Ransome exhibited several charts, which graphically represented the very remarkable regularity with which epidemics of small-pox, measles, and scarlatina have occurred in the sparsely populated country of Sweden and the densely populated country of England. The period of recurrence of measles appears to have been five or six years. A small wave of scarlatina has appeared about every five years, and a great wave every fifteen or twenty years. In small-pox, the cyclical period was six or seven years, up to the time that vaccination was made compulsory, and then the waves were interfered with and checked to an extent which can leave no doubt about the efficacy of vaccination. Charts were also shown of the appearance of sun-spots, but there did not seem to be any relation between them and the epidemic cycles.

##### On Empyema.

In the last volume of Guy's *Hospital Reports*, Dr. Goodhart discusses the question of operative procedure for empyema. Although recognizing that there are a few cases which may be safely let alone, he gives in his adhesion to operation by a single free opening, with antiseptic measures, and with a large drainage-tube, as being the most effectual means of cure. He insists upon the necessity of making the opening as low as

possible, fixing the point at the ninth intercostal space, opposite to the angle of the rib, the seventh space in the axilla, or the eighth between the axilla and the rib-angle. Further back there is risk of wounding the lung compressed against the spine, and below these points the peritoneal cavity may be entered. A large number of cases are given, with full details.

##### Pain and Disease.

The influence of pain as a factor in originating or in aggravating organic disease, is a contingency which is too often lost sight of. But how far pain may actually generate disease, it is difficult to say. That however severe and continuous, pain will react, as it were, upon the nutrition of the tissues supplied by the affected nerve, and originate or aggravate organic affections, is so probable, that the alleviation or removal of this symptom, independently of the causes which may have originated it, should be always an important indication in the treatment of disease. A full anodyne will often cut short an attack of acute disease by preventing irritation from pain.

##### Solidification of Carbon Bisulphide.

M. Mercier finds that if bisulphide of carbon be added to a mixture of a drying oil and protochloride of sulphur at the moment of mixing, it is entangled in the jelly formed by the oil and protochloride. With boiled linseed oil and ten per cent. of the protochloride a transparent elastic mixture can be obtained containing 70 per cent. of bisulphide of carbon. The substance ignites only with difficulty, and loses the contained bisulphide but slowly.

##### Statistics of Puerperal Mortality.

In London, during 1876, the deaths of mothers in childbirth (including those referred to puerperal fever) were equal to 4.8 per 1000 children born alive, and almost identical with the rate in 1875. In New York 343 deaths were referred to puerperal diseases during the year 1876, but the system of classification there adopted does not appear to afford the means for distinguishing those due to puerperal fever from those due to the accidents of childbirth. The number of births reported in New York was 23,744, which would make the deaths from puerperal diseases equal to 14.4 per 1000. The

report of births in New York is admittedly imperfect, and, therefore, the puerperal mortality is undoubtedly thus overstated. Assuming, however, that the birth rate in New York is as high as it is in London, which is improbable, 38,745 births would have occurred in New York during 1876, and the deaths of mothers equal to 8.85 per 1000 children born alive. Even this rate is nearly double the rate which prevailed in London.

#### The Balantidium Coli.

This parasite is found in Scandinavia and elsewhere. According to Dr. Waldenström, the most suitable remedy to introduce into the intestinal canal is a large lavement, containing about thirteen fluid drachms of acetic and eighty grains of tannic acid, in about three quarts of water, at a temperature of 98.6° Fahr. By this means the balantidia were eradicated in one case. As regards the causal relation between the parasite and the diarrhoea often present, the opinion is expressed that the balantidia have no essential bearing on the occurrence or continuance of the diarrhoea, but that they should be looked on as a mere casual complication in other intestinal affections.

#### Use of Nitrate of Silver in Ulceration of the Uterus.

If the ulceration is extensive, do not apply the caustic to the entire surface of the ulcer, but to about a third or half of it at a time. In ulceration of a flabby uterus, nitrate of silver will sometimes cause bleeding; and ulcers on such a womb are much harder to cure than when the womb is solid to the touch. Bleeding is not so apt to follow the use of acid nitrate of mercury. If this is used in place of the silver it must not be applied so often. Once in two weeks is often enough, as a rule, while the nitrate of silver may be applied weekly.

#### Corrosive Sublimate as a Vesicant.

Dr. Thoulouse recommends as a vesicant a disc of fine cloth soaked in oil, with one side covered with corrosive sublimate in impalpable powder.

The editorial in this Journal for September 15th contained certain statements touching the professional action of a teacher in one of the medical schools of this city. At the time we considered ourselves entirely justified in making

these statements. From explanations made, we are now convinced they are not correct, and should not have been advanced, he having acted in good faith, from knowledge unknown to us and the profession at the time. We take this opportunity to withdraw those statements, and to express our regret at their appearance; at the same time offering, in vindication of our motives, which have been impugned, to submit to any one interested the evidence on which we made the statements referred to.

### CORRESPONDENCE.

#### Foreign Bodies in the Stomach.

ED. MED. AND SURG. REPORTER:—

Your notice in the number of your Journal for October 13th, of foreign bodies in the stomach, leads me to send you an account of an incident in the life of Jean Foy Vaillant, an M.D., and an enthusiastic numismatist, a sketch of whom appears in the Oct. No. of the American Journal of Numismatics, as translated from the Latin (published 1706) by Dr. Robert Morris, of La Grange, Kentucky.

Jean Foy Vaillant was born at Beauvais, May 24th 1632. He first studied law, then medicine, receiving his degree in 1656. He became very much interested in numismatics, and, Oct. 1674, went from Paris to Marseilles, and embarked at the latter place for Rome, was captured the second day by Algerine pirates, and only released after four and a half months of captivity, when they restored to him twenty gold pieces, and he embarked for Marseilles.

He pursued his route safely until one day the captain saw rapidly approaching them a piratical vessel of Sale. All hope of escape appeared to be vain; the pursuer was no further distant than the cast of a bolt from a cross-bow. Vaillant, looking out for himself, and mindful of his former captivity, valourously swallowed the twenty gold coins restored to him at Algiers! just then a high wind springing up, its impetus carried them near the shores of Catalogne, where they were almost wrecked. Soon after the vessel was driven upon the sandy shallows at the mouth of the Rhone, where, the cable having parted, and the anchor being lost, Vaillant entered a skiff, and, with four companions, landed upon the nearest shore.

In the meantime, the weight of the coins he had swallowed, being five or six ounces, gave him serious inconvenience. He called two physicians into consultation, who, embarrassed at the new case, differed among themselves in suggesting remedies; this determined Vaillant to do nothing, and nature, a little later, performed the task, relieving him of more than half of the coins before he entered Lyons. He narrated the case to a friend and fellow student there, showed the coins regained, and described

Nov. 3, 1877.]

*News and Miscellany.*

359

those yet to come. Among them there was a gold otto. His friend, desirous of acquiring it, asked the price. The singularity of the bargain made Vaillant moderate; the contract was assented to, and most happily on the same day the whole was honorably completed.

Vaillant apparently never practiced medicine, but devoted himself to travel, collecting and studying coins, publishing several valuable historical works in connection with this subject. He died Oct. 23d, 1706. Yours truly

Washington D.C.

Wm. LEE.

**A Case of Anophthalmus.****ED. MED. AND SURG. REPORTER:**—

I think the following case sufficiently rare to bear reporting:—

Mrs. C., aged twenty-six years. Gave birth to her fourth child in July last. Of the three previous children, two are now living and healthy; one was lost by craniotomy, performed to effect delivery. Both parents are entirely healthy, so far as known. The present infant came to full term, and is well developed in every respect, excepting entire absence of both eyeballs. The orbital cavities are empty, as if the eyes had been enucleated. The supra- and infra-orbital ridges approximate nearer than normal, lessening the anterior opening of the orbits. All the appendages of the eyes are in a normal condition, excepting obliteration of the outer third of each palpebral fissure. The conjunctive are healthy, though there was a slight catarrhal condition at birth, which soon passed away. Whether this anomaly is the result of arrest of development or of intra-uterine panophthalmitis, remains to be seen. Panophthalmitis rarely causes such complete destruction of the eyeballs as to leave no vestige of them, and the effect is rarely symmetrical in the two eyes. Considering the healthy condition of the conjunctive at birth, the partial anchyloblepharon (which is usually congenital and a malformation, not the result of disease), the narrowing of the anterior opening of the orbits, the entire absence of both eyeballs, and the exact symmetry of all these conditions in the two eyes; the evidence is on the side of some interference with the development of the ocular bulbs, and the narrowing of the orbits as a consequence always following absence of the eyeballs in fetal or infantile life.

I am indebted to Dr. J. A. Dibrell, of this city, for the privilege of examining this case, and for the family history.

T. E. MURRELL, M.D.

Little Rock, Ark., Oct. 12th, 1877.

**Artificial Eyes.**

It is said that between 8000 and 10,000 artificial human eyes are sold each year in the United States. Christian Hohn, of New York, makes glass eyes for horses that will defy detection by almost any one.

**NEWS AND MISCELLANY.****The U. S. Marine Hospital Service.**

During the fiscal year just closed, the hospital dues from seamen covered into the Treasury amounted to \$372,465.70, and the expenditures were \$368,395.28, leaving an excess of receipts over expenditures of \$4070.42. The number of sick and disabled seamen furnished relief was 15,122, and the average cost per patient \$24.05, the lowest ever reached, having been reduced to these figures from \$38.41 in the fiscal year 1870.

**Woman's Medical College.**

A Medical college for women has been established in Henrietta street, London. Dr. Cockle, of the Gray's Inn Road Hospital, and Mrs. Garrett Anderson, a female physician, pronounced the opening addresses. Dr. Cockle said he could not judge to what extent women would be able to endure the fatigue of medical practice, but believed that they certainly had the necessary intellectual qualifications for it.

**The Eucalyptus.**

The *Chemist and Druggist* says that Garibaldi acted wisely when he advocated the introduction of the eucalyptus to combat the malaria of the Campagna; every fresh piece of evidence relating to this tree confirms those expectations which have been formed respecting its beneficial influence. Very valuable information is contained in a report from Algiers, forwarded by Consul-General Playfair. The Consul gives a remarkable instance of the action of the eucalyptus in removing miasmatic influence, and thus improving the sanitary condition of an unhealthy district.

**Dentistry in London.**

Of the dentists practicing in London, the majority have no diploma or official qualification. Many are Members or Fellows of the Royal College of Surgeons, and a minority are Licentiates in Dental Surgery. The studies required for M.R.C.S. and F.R.C.S. are medical, and are not confined to dentists. We believe that the Royal College of Surgeons is the only body which grants diplomas for dental surgery only, but instruction in matters relating to the teeth is afforded at almost all the London medical schools.

—The German government have sent a professor of the University of Breslau to England, to study the plans made to preserve the health of persons engaged in certain trades and manufactures. The professor has visited several towns in England. Necrosis of phosphorus-workers, cancer of chimney-sweepers, and daltonism of railroad employees, are receiving chief attention.

## Items.

—The October number of *The Sanitarian* contains a good likeness of Rudolf L. C. Virchow.

—The British Parliament appropriates \$10,000 a year to scientific investigations into the causes and processes of disease.

—The Third Annual Meeting of the Indiana, Illinois and Kentucky Tri-State Medical Society was held in the city of Evansville, Ind., October 16th, 17th, 18th, 1877.

—Mr. L. A. Sayre's excellent charts for the study of *materia medica* come in timely at this season of the year. A number have been left with us. Price 50 cents.

—A Baltimore drug clerk put up wine of opium for the *vinum oporti* called for by a druggist's prescription, and a child was nearly dosed to death in consequence.

—An exchange chronicles the death of a boy from chewing tobacco. He complained of severe headache, and suffered with dysentery and great weakness. He became gradually unconscious and partially paralyzed, and died on the following day.

—On October 17th, was formally opened, at Hartford, Conn., "Walnut Hill," an Asylum and Home for the treatment and reformation of those suffering from the use of alcohol, opium, and other narcotics. Dr. T. D. Crothers is the Superintendent and physician.

—The presence of a large number of vinegar-eels is one of the best tests of good vinegar, discovered readily under the microscope, and often seen by the naked eye. They bear some resemblance to trichinæ. The eel, however, has a sharp-pointed tail, while the trichina is rounded at both ends.

—The new Board of Health of St. Louis is composed of the Mayor, the President of the Municipal Council, Hon. Chas. W. Francis, Health Commissioner, Hon. John G. Priest, Police Commissioner, and Drs. Spiegelhalter and Marthens. Most of the members have already had considerable experience in sanitary matters, and the city will probably have no cause for complaint in relation to the mode in which the work of this important department is conducted.

## Personal.

—The address of Dr. G. B. H. Swayze is 1828 Columbia Avenue, Philadelphia, where correspondents will please address him.

—Dr. C. S. Turnbull has been elected one of the physicians to the German Hospital of Philadelphia.

—Dr. Jos. D. Bryant has been appointed Lecturer on General, Descriptive and Surgical Anatomy, at Bellevue Medical College, in place of the late Prof. A. B. Crosby.

## Popular Medicine.

The *mentha pulegium*, or pennyroyal, is called in the Devonshire dialect "organs" or "argans." The origin of the word we do not know. In a poem in the Devonshire dialect, published in 1867, these lines occur as a prescription for a cold:—

"Jist put her tooties in hot watter,  
Or gier a few strang argans arter,  
Or else some featherfowl."

That is, "Put her toes in hot water, and give her a little strong pennyroyal tea after, or else some feverfew."

## QUERIES AND REPLIES.

## Unilateral Dropsy.

*Dr. S. E. Wells*, of Maryland, describes a singular case of unilateral dropsy, or œdema, following confinement, and changing from side to side of the body. He inquires for similar cases. At present, we can recall none.

## Typhoid Fever.

*Dr. F. S.*, of Wisconsin, writes: Are there any cases of typhoid fever, running the usual course, without intestinal lesions? If so, what are the characteristics thereof? Can the inflammation of Peyer's patches be abridged, and the ulceration prevented? If so, is it possible for the fever to continue, nevertheless? Can typhoid fever be classed with septicæmia?

*W. W. V.*, of Missouri, asks for the best remedies in cardialgia in pregnancy.

## MARRIED.

*ALLIS—THOMPSON*.—On the 24th of October, at the Second Presbyterian Church, by the Rev. E. R. Beadle, D.D., and the Rev. J. H. M. Knox, D.D., Dr. Oscar H. Allis and Julia, youngest daughter of the late Judge Oswald Thompson.

*BOLLES—POTTS*.—At the residence of the bride's father, Nelson Potts, Esq., by Rev. J. A. D. Hughes, Dr. C. C. Bolles and Lucy A. Potts, of this city.

*DUNSMORE—COLTON*.—In Waterbury, Vermont, September 10th, by Rev. H. Bushnell, Geo. Dunsomore, M.D., of St. Albans, and Abbie J. Colton, of Georgia.

*SCHREIBER—MOREY*.—At West Brooklyn, Ill., by the Rev. C. H. Hoffman, Dr. Gustavus F. Schreiber and Lettie Morey, all of West Brooklyn, Ills.

*TALBOT—THOMAS*.—On Tuesday, September 25th, 1877, at St. Paul's Church, Wickford, Rhode Island, by Rev. W. W. Ayers, assisted by Rev. G. I. Magill, Mary Charlotte, daughter of Allen M. Thomas, of Wickford, and Dr. Robert Bancker Talbot, of this city.

*TURNBULL—CLAXTON*.—On Thursday, October 18th, at the Church of the Atonement, by the Rev. Benjamin Watson, D.D., Charles S. Turnbull, M.D., and Lizzie L., daughter of Edmund Claxton, Esq.

## DEATHS.

*BROWN*.—In West Charleston, Vt., September 4th, A. P. Brown, M.D., aged forty-three years.

*SMITH*.—At Sharon, Connecticut, on Monday, September 10th, Robert W. Smith, M.D., in the sixty-seventh year of his age.

*THEOBOLD*.—Dr. E. W. Theobold, a grandson of the late Professor N. R. Smith, died on the 3d of September, at Baltimore.